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The Seattle Times

Wednesday, February 27, 2002, 12:00 a.m. Pacific

Prescription plan becomes a racial issue

By Luke Timmerman
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OLYMPIA — The world's top drug makers have injected racial issues into a debate over whether the state should limit prescription-drug costs for people covered by state insurance.

Yesterday, more than 100 people, about half of them African Americans, packed into a hearing of the House Health Care committee on a bill that would let the state save money by setting up a preferred list of cheaper drugs.

The bill would create a panel of doctors and pharmacists to compare drugs that work similarly and pick out the cheapest one. That state would put that drug on a list of those it would buy in bulk. If a doctor decides a patient needs a drug not on the list, the doctor could prescribe it, and the state would pay. The bill would allow private insurers, unions and municipalities to join the program after one year.

Doctors and pharmacists say they support the bill because it would cut down on paperwork. Patient groups say it would save the state money and increase low-income people's access to drugs. If the state saves money, it could mean fewer cuts in other health programs for low-income people.

The state pays more than $500 million a year for drugs used by more than 500,000 Medicaid patients, workers'-compensation filers, prisoners and state employees.

The biotech lobby argues that the bill would create another bureaucracy without promising big savings, and it questions how much freedom doctors would actually have to write prescriptions off the preferred list.

The industry claims the bill would set up "indirect price controls."

Icos Chief Executive Paul Clark and VizXLabs Chief Executive Tom Ranken told the committee the bill also would scare away investment in biotechnology and hurt their companies.

Cliff Webster, a lobbyist for the Pharmaceutical and Research Manufacturers of America, said minorities should be worried about the state's effort to cut drug costs.

"The science of the matter is that drugs perform differently in different people in terms of safety and efficacy," Webster said outside the hearing. "That's a fact.

"And anytime you have a drug formulary substituting one drug for another, if you're a minority, you should be concerned. It could put them at risk for adverse reactions if they're being given the drug that doesn't work best."

Studies should be done in illnesses that affect blacks disproportionately, such as diabetes and high blood pressure, said Eddie Rye Jr., who spoke on behalf of the National Black Chamber of Commerce. He cited a flier

being passed around at churches that said there is "an overwhelming body of highly credible medical information" that shows clear differences in how people of color react to certain medications. The flier did not cite any medical studies or journals.

The scientific community disagrees that drugs work differently based on race alone. Craig Venter, a leader of the successful effort to map the human genome, has said that science now knows that people from all races are 99.99 percent alike genetically.

The reason drugs don't work the same in all people has more to do with nutrition, stress, environmental factors and individual genetic variation regardless of race, said Dr. Joseph Graves, a professor of evolutionary biology at Arizona State University West and an author on the subject.

"There are people who have good metabolism of a drug and some who have bad metabolism of a drug, but it has nothing to do with the social concept of race," Graves said. "It has everything to do with an individual's genetic makeup."

The Washington chapter of the National Alliance for the Mentally Ill, an advocacy group that receives money from pharmaceutical giant Eli Lilly, paid for lunches and a bus to transport 29 people, mostly African Americans, to the hearing, said Mollie Mitchell, director of senior citizens for St. John the Baptist Church in Tacoma.

Another group was bused from Mount Zion Baptist Church in Seattle, said Helen Jedkins, a member of the church who attended the hearing.

Jedkins, who takes medications for asthma, ulcers and other ailments, said she heard about the hearing from the Rev. Leslie Braxton of Mount Zion.

"I'm worried the bill would put me on generic medications that I know don't work as well," Jedkins said.

Rep. Shay Schual-Berke, D-Normandy Park, said she believes there are legitimate issues regarding race in health care, but those issues were not being addressd by the current bill.

Schual-Berke, a cardiologist, said she didn't understand why Rye, the Black Chamber of Commerce representative, was opposed to the bill, but she said, "Your underlying concerns are valid."

The effort to kill the bill hasn't worked. It has passed the Senate, has the support of Gov. Gary Locke, and awaits a House floor vote that could come next week, said sponsoring Rep. Eileen Cody, D-Seattle.

Cody said pharmaceutical-company lobbyists are calling lawmakers' constituents, urging them to tell their legislators to oppose the bill.

Barbara Flye, executive director of Washington Citizen Action, said drug-industry lobbying has reached a new level of intensity. In 2001, 16 pharmaceutical companies and two trade associations spent $933,000 on lobbying in Olympia — one lobbyist for every seven lawmakers. So far this year, the industry has registered 29 lobbyists, or one for every five legislators.

The idea of saving money on drugs appealed to some minorities at the hearing. Harry Woodruff, a retired state employee who is black, said he came with the others but supports the bill.

"It gives people a chance to have access to drugs when they otherwise wouldn't," Woodruff said.

After the hearing, Cody said she didn't believe the committee was swayed by pharmaceutical lobbyists.

"The people who came here to testify may have realized that what they heard about the bill wasn't factual," Cody said.

Besides, Cody said, the biotech industry shouldn't complain about the state setting up a drug list: Some biotech companies use the same approach for employees. For example, Immunex employees are covered by Premera Blue Cross, which uses a drug-buying program the state is trying to model itself after.

Flye said the drug industry is worried about the bill because if it works, it could spread to other states. She said she's discussed similar drug-price bills with activists in 10 other states, and none has seen the industry inject race into the debate. Unlike the pharmaceutical industry, Flye's groups believes the bill would help minorities by increasing access to drugs.

"The drug industry is getting nervous about this bill, and they're trying anything they can to throw a wrench into it," Flye said.

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